

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593137

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1		1				
2		1		1			
3	2			1			
4	1			1			
5	1			1			
6	1			1			
7	1			1			
8				1			
9	1			1			
10	1			1			
11	1			1			
12	1			1			
13	1			1			
14	1			1			
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39	1			1			
40	1			1			
41	1			1			
42				1			
43				1			
44				1			
45				1			
46				1			
47				1			
48				1			
49				1			
50				1			
TOTAL IND.	1		1				
TOTAL DEP.	41	←	40	←			
TOTAL CLAIMS	42		41				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	51						
52							
53							
54							
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95							
96							
97							
98							
99							
100							
TOTAL IND.			↓				
TOTAL DEP.			↓				
TOTAL CLAIMS			←				